

DOCKET NO. SC11805TP

## UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS Leo Matthew et al.

GROUP ART UNIT: 2815

APPLN. NO.: 10/074,732

EXAMINER: Paul E. Brock II

FILED: February 13, 2002

TITLE: METHOD OF FORMING A VERTICAL DOUBLE GATE  
SEMICONDUCTOR DEVICERECEIVED  
CENTRAL FAX CENTER  
NOV 04 2004**FEE  
ONLY**Certificate of Transmission under 37 C.F.R. 1.8I hereby certify that this correspondence is being  
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on

11-4-04

Signature



PAT THOMAS

Printed Name of Person Signing Certificate

AMENDMENT IN FURTHERANCE OF RCE UNDER 37 CFR 1.114

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

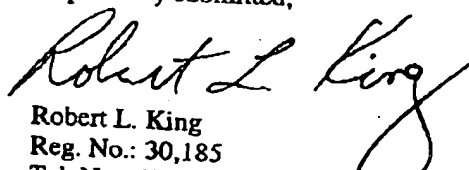
In response to a rejection in an Office action mailed August 18, 2004, Applicants are filing a response and request entrance of the following amendment in view of the remarks presented thereafter.

FEES

No additional fees are believed to be owed in connection with this response since the total number of claims and the total number of independent claims does not exceed the number previously paid for. However, Applicants continue to authorize the payment of any fees owed in connection with this application from Deposit Account No. 503079 (Freescale Semiconductor), or credit Deposit Account No. 503079 for any refunds.

Applicants respectfully request consideration of the amendments and the allowance of claims 1, 2, 4, 5, 7-12, 14-21, 23-25 and 34-36, thereby placing the application in condition for allowance. Should issues remain that might be subject to resolution through a telephonic interview, the Examiner is requested to telephone the undersigned at (512) 996-6839.

Respectfully submitted,

  
Robert L. King  
Reg. No.: 30,185

11/10/2004 LSPRUELL 00000002 503079 10074732

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88.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10/074732

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total	23	Minus	33
	Independent	2	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total	24	Minus	33
	Independent	4	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total		Minus	
	Independent		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**SMALL ENTITY**

TYPE ☐

**OTHER THAN**

OR **SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

**SMALL ENTITY**

**OTHER THAN**

OR **SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	88.00
+145=		OR	+290=	
TOTAL		OR	TOTAL	88.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	